## **CSHCS Transition Checklist for Local Health Departments**



Client Name:	I.D. #:	D.O.B:
Ages 14-17		
$\square$ When in contact with client and family	, talk about any transition needs	or goals they may have
☐ Encourage the client to complete a train	nsition readiness assessment	
$\Box$ If completing a care plan, incorporate t	:he transition readiness assessm	ent into the plan
$\Box$ Provide information on services they m	nay have need for such as Social	Security, Michigan Rehab Services, etc.
Ages 17-19		
$\square$ When in contact with client and family	, talk about any transition needs	or goals they may have
☐ If client desires, have them complete the form is sent to the client the month of the		
$\square$ Encourage the client to complete a train	nsition readiness assessment	
$\hfill\Box$ If completing a care plan, incorporate t	he transition readiness assessm	ent into the plan
$\square$ Have client sign application and other	documents unless guardianship	is in place
$\square$ Address all mailings in client's name, u	nless guardianship is in place	
$\square$ When updating authorized providers, a	ask client if they need to find pro	oviders who treat adults
$\hfill\Box$ Complete a financial assessment form	when 18. This form should be co	ompleted with client income only
$\square$ Discuss Health Insurance Options		
$\square$ Provide information on services they m	nay have need for such as Social	Security, Michigan Rehab Services, etc.
Ages 19-21		
$\square$ When in contact with client and family	, talk about any transition needs	or goals they may have
$\square$ Finalize plans for health insurance		
$\square$ Explore options for clients with no hea	lth insurance eligibility	
$\Box$ If client receiving PDN, assist in PDN tra	ansition process	
$\hfill\square$ Make any arrangements necessary for	a transfer of care	
Three months before age-out		
$\square$ Follow policy and procedure for Medic	aid Health Plan enrollment if ne	eded
$\square$ Provide information on services they m	nay have need for such as Social	Security, Michigan Rehab Services, etc.
☐ Determine if client has made necessary	transfers to adult health care p	roviders
☐ Identify the success and challenges the	e client encountered as they tran	sitioned to adult health care model